



Economic and Social Council

Distr.: Limited
29 March 2005

Original: English

For action

United Nations Children's Fund

Executive Board

Annual session 2005

6-10 June 2005

Item 5 of the provisional agenda*

Draft country programme document**

Albania

Summary

The Executive Director presents the draft country programme document for Albania for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$3,375,000 from regular resources, subject to the availability of funds, and \$12,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/3 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.



*Basic data†
(2003 unless otherwise stated)*

Child population (millions, under 18 years)	1.1
U5MR (per 1,000 live births)	21
Underweight (% , moderate and severe, 2000)	14
Maternal mortality ratio (per 100,000 live births, 2001)	23 ¹
Primary school enrolment (% net, male/female, 2002)	91/93
Primary schoolchildren reaching grade 5 (% , 2002)	88
Use of improved drinking water sources (% , 2002)	97
Adult HIV prevalence rate (%)	N/A
Child work (% , children 5-14 years old)	23
GNI per capita (US\$)	1 740
One-year-olds immunized against DPT3 (%)	97
One-year-olds immunized against measles (%)	93

† More comprehensive country data on children and women are available at www.unicef.org.

¹ WHO/UNICEF/UNFPA joint estimate is 55 per 100,000 births, adjusted for the well-documented problems of underreporting and misclassification of maternal deaths.

The situation of children and women

1. One third of Albania's 3.1 million people are under 18 years of age. These children have more opportunity than ever before for a brighter future but they also face unparalleled vulnerabilities. In the last decade, Albania has made a number of far reaching transformations and has begun its task of modern nation-building. However, much of the country's infrastructure was destroyed in the aftermath of the Government's fall in 1991 and the collapse of the pyramid schemes in 1997. An estimated 20 per cent of the population left the country and another 25 per cent moved from rural to peri-urban areas.

2. From 1998, economic indicators have been encouraging. Gross domestic product (GDP) has grown about 7 per cent per year. Yet Albania remains one of the poorest countries in Europe, with GDP per capita of around \$1,450 and significant geographic, ethnic and income disparities. According to the Living Standards Measurement Survey (2002), one quarter of the population and one third of children live in poverty (less than \$2 a day per person). Almost half the poor are under 21 years of age.

3. Disparities between rural and urban areas and the low status of the Roma population are major impediments to development. From 1989 to 2000, the urban population increased from 36 to 54 per cent of the total population. Rates of poverty in rural areas are almost 70 per cent higher than in Tirana, the capital. With people migrating, such services as education and health care have virtually collapsed. Infant mortality rates in some parts of the northeast are three times the national average.

4. Poverty, decreased access to basic social services and weakened community support mechanisms have limited the ability of families to provide a nurturing and protective environment for children. The existing national child protection system is

weak. As a result, children who are subject to violence and abuse are often left undetected, and there are limited services for those who are identified. However, some important progress has been made: the Child Rights Unit has been established in the Prime Minister's Office and has plans to review the national strategy on children; a national strategy against child trafficking has been adopted; and a rights-based juvenile justice system is being put in place. Significant investments will be needed to turn these plans into concrete actions.

5. Albania's school system needs major investment and reform. Out-of-date curricula and teaching methods, poorly qualified teachers and a lack of modern equipment and sanitation contribute to increasing drop-out rates. Enrolment rates are particularly low among marginalized groups such as Roma and children with disabilities. Currently, the Government spends 2.7 per cent of GDP on education. The Government's 2004 annual review highlighted the urgency to mitigate increasing rates of illiteracy, drop out and hidden drop out (when children are present in the classroom but not learning).

6. The proportion of children enrolled in pre-school has decreased sharply since the 1990s. It is estimated that only 10 per cent of children up to three years of age have access to crèches, while 44 per cent of the 3-6-year age group attend kindergarten. To remedy this situation, the Government has set up an interministerial task force to ensure that each ministry contributes with plans and investments to early childhood development (ECD).

7. Women and girls, especially in rural areas, face discrimination. A recent nationwide survey reported that 8 per cent of women had experienced domestic violence and 25 per cent had experienced some form of abuse. Early marriage, arranged marriage and selective abortion all take place.

8. A decade of insecurity, declining opportunities and lack of attention to young people's needs have left many of them alienated. Prospects for employment remain low, encouraging a 'brain drain' and crime.

9. Although the country had only 141 confirmed HIV infections in December 2004, national projections indicate the number of infected people may reach 10,000-15,000 by 2010. Seventy per cent of cases have been detected among returning migrants. Other populations at increased risk include injecting drug users and commercial sex workers. The disease is increasingly being 'feminized' in Albania, with women accounting for 47 per cent of new cases in 2004 as opposed to 19 per cent in 2002 and 23 per cent in 2003. The National Strategy on HIV/AIDS was adopted in 2004, but the surveillance system remains weak.

10. The Government has increasingly demonstrated its commitment to improve living standards. This is also reflected in two key planning documents: The National Strategy for Socio-Economic Development (NSSD), launched in November 2001, and the Strategy for Decentralization. Since 2002, Albania has been negotiating a Stabilization and Association Agreement with the European Union. This is motivating a growing civil society movement that calls for a society founded on human rights principles.

11. Another positive step has been the decision by the Government to decentralize power and authority to the local level (commune and municipality). This process has started with the devolution of administrative responsibilities for the social sector to

municipalities. There also are plans for financial decentralization. Because of limited institutional capacity, this is a tremendous challenge for local government.

12. The Committee on the Rights of the Child welcomed Albania's first country report, submitted in January 2005. It acknowledged the progress made in developing policies and laws for children. It also recommended the continuation of the progress made to align existing laws with the Convention on the Rights of the Child, and to strengthen the implementation of laws and policies and their enforcement.

Key results and lessons learned from previous cooperation, 2001-2005

Key results achieved

13. The previous country programme of cooperation centred on the promotion of child survival, youth development and participation, and child protection, with a focus on the development of a legislative framework and key social policies.

14. Polio eradication was achieved in 2002 and has been sustained. A sustainable financing mechanism for immunization was established by the Government. Measles immunization coverage rose from 64 per cent in 2000 to 93 per cent in 2003.

15. The NSSD recognizes the need for innovative models to advance the integration of the country's marginalized populations, and has endorsed several specific examples for children and young people. The Government has established the Child Rights Unit in the Prime Minister's office. The Family Code and the National Strategy on Children have been revised. A package of legislation on juvenile justice has been adopted. National strategies have been adopted for social services, HIV/AIDS, youth and children with disabilities. A National Plan of Action to Combat Trafficking of Children has been approved. A life skills manual and methodology endorsed by the Ministry of Education and Science have aided teaching of life skills in secondary schools, with a focus on HIV/AIDS, substance abuse, gender relations and violence, using participatory methods.

16. To facilitate coordination among different entities addressing children's issues, several networks and coalitions were created. UNICEF supported the establishment of 'All Together Against Child Trafficking' a coalition of non-governmental organizations (NGOs) working against child trafficking; an NGO coalition on HIV/AIDS; a network of 50 ECD partners including NGOs and academia; an interministerial working group on early childhood care issues; and the Children's Alliance, a nationwide child rights advocacy coalition of 150 NGOs. Within the Gardens of Mothers and Children project, parents' boards have been created to encourage fathers' participation in child-rearing and mothers' role in family decision-making.

17. In areas where services were lacking, pilot models have been supported to demonstrate effective, low-cost approaches. These include Youth Albania Professional Services, an initiative that reintegrates marginalized youth into society while providing them with gainful employment; the 'hidden drop out' approach, which teaches educators to tailor minimal necessary learning objectives for children with learning difficulties; "youth-friendly" services in two cities, *Troç* ("Straight

Talk”), a weekly television show made by young people that focuses on their issues; and youth parliaments in all 12 prefects, which teach young people about democracy and provide an elected forum for Albanians from 14 to 18 years old. The Social Research Centre in Albania’s National Institute of Statistics has been supported and now plays a role in providing data and analysis for policy development for children. More investment is needed to strengthen its capacity.

18. These initiatives have been launched with the support of many partners, including the Canadian International Development Agency, Development Cooperation Ireland (DCI), the Government of the Netherlands, the Norwegian Agency for Development Cooperation (NORAD), the Swedish International Development Authority (Sida), the Swiss Agency for Development and Cooperation and the United Kingdom Department for International development, as well as the French, German, Italian, Slovenian, Swedish and United Kingdom Committees for UNICEF.

Lessons learned

19. Effective interventions are hindered by lack of disaggregated data on children, women and young people in Albania. Neither the situation analysis nor the poverty reduction strategy (NSSD) have been able to adequately represent the challenges facing children, young people and women due to a lack of subnational data disaggregated by gender and other criteria. The development of a knowledge base on children will depend on progress in these areas.

20. The process for preparing the National Plan of Action to Combat Trafficking of Children was participatory and intersectoral. It was prompted by the desire of Albania to join the European Union. Convergence between priority child rights issues and government priorities are critical to ensure concerted action on difficult and neglected issues. Furthermore, child trafficking was an entry point for tackling broader child protection issues, such as juvenile justice reform and reform of the social welfare system.

21. Lack of intersectoral coordination and programmes focused on issues have precluded a comprehensive approach to child protection. Interministerial working groups were established separately to address juvenile justice, child labour, child trafficking and disabilities. The Government’s establishment of the Child Rights Unit will facilitate such interministerial collaboration.

The country programme, 2006-2010

Summary budget table

Programme	(In thousands of United States dollars)		
	Regular resources	Other resources	Total
Social advocacy, planning and information	600	1 600	2 200
Children's health and development	920	3 120	4 040
Child, youth and family protection	635	7 280	7 915
Cross-sectoral costs	1 220	--	1 220
Total	3 375	12 000	15 375

Preparation process

22. The United Nations country team in Albania played a significant role in developing the NSSD. The Millennium Development Goals and data from *DevInfo* provided key inputs to the Common Country Assessment and the United Nations Development Assistance Framework (UNDAF). The latter was developed through a series of workshops and thematic groups that used creative strategies including causal analysis, appreciative inquiry and problem trees and were based in human rights concepts. The Government endorsed the UNDAF and the individual country plans of each agency at a recent workshop in Tirana.

23. Based on the UNDAF, the new UNICEF country programme was developed through a broad consultative process involving the Government, civil society organizations, donors and youth and was guided by child rights. It supports the UNDAF outcomes, goals of the NSSD and the priorities of the UNICEF medium-term strategic plan, as well as the recommendations of the Committee on the Rights of the Child. The development of the programme of cooperation by UNICEF and government officials put focus on the achievement of results. The preparation process reaffirmed the need to strengthen convergence among programmes, improve multisectoral coordination and further engage with civil society.

Goals, key results and strategies

24. The goal of the country programme is to support the Government, consistent with its obligations and responsibilities under the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, in creating an enabling, protective and equitable environment where children and women, particularly the most vulnerable, progressively realize their rights.

25. Within the context of the UNDAF, the key results expected from the country programme are: (a) policies supportive of child rights are to be in place and government and public administrators at all levels will monitor and report on implementation; (b) marginalized youth and women will participate in decision-making and monitoring of child rights; (c) service providers will have the

knowledge and skills to deliver quality services to children, youth and women; and (d) the most vulnerable communities and families will demand basic health, education and protection services. These will be further refined and detailed in a results matrix that will be developed soon.

26. Four key strategies will be pursued. Support for policy development will cover health, education, ECD, child protection and juvenile justice and be based on evidence and best practices. Formulation of benchmarks and standards will be a second area of focus. Standards need to be in place to enable implementation, quality assurance and monitoring within the overall decentralization process. Establishing mechanisms for community participation, implementation and monitoring of child rights is the third strategy. Mechanisms will be developed at all levels to facilitate participation of a wide range of actors in the implementation and monitoring of child rights. The last strategy will focus on development of skills of professionals at all levels and families. Service providers will develop the knowledge and skills to deliver quality services according to established standards. Families will be equipped with the basic knowledge and skills to make effective use of quality basic services. The programme will focus primarily on the poorest regions of the country, including the northeast.

Relationship to national priorities and the UNDAF

27. The country programme supports national priorities for education, health, protection and poverty reduction, including the NSSD. The goals of the NSSD are to reduce poverty and income disparity; reduce infant and maternal mortality and disease rates; increase attendance in compulsory education and extend the average schooling period; and improve both governance and basic services.

28. Of the four UNDAF outcomes, the UNICEF country programme will directly support three: (a) a transparent and accountable Government, developing and implementing effective national policies aimed at achieving the Millennium Development Goals and integration with the European Union; (b) an enabling environment to increase people's participation in policy formulation and the national decision-making process; and (c) increased use of quality public services delivered in an efficient, transparent, accountable and equitable manner. The fourth UNDAF priority, regional development, will be supported by directing efforts towards the first three outcomes within specific regions. The specific role and contribution of UNICEF will specifically focus on incorporating a child rights perspective into development planning and policy making at all levels of government and lead among the United Nations country team in supporting quality basic services, but this outcome is also very important for a number of other agencies including the International Labour Organization/International Programme on the Elimination of Child Labour, the United Nations Population Fund (UNFPA), the Office of the United Nations High Commissioner for Refugees and the World Health Organization (WHO). These were identified in the UNDAF process and supported by the other members of the country team.

Relationship to international priorities

29. The country programme addresses all the priorities of the UNICEF medium-term strategic plan, supports achievement of the Millennium Development Goals and was guided by the goals of *A World Fit for Children*. The programme will assist Albania to meet its obligations under the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

30. The Convention on the Rights of the Child calls for universality of all services in an equitable manner. Ethnic minorities, including Roma and Egjvit, the rural poor in remote areas and migrants in peri-urban areas constitute a sizeable population of people who do not benefit from basic services. The Government is developing strategies to reach the most vulnerable. The country programme will contribute to disparity reduction and social inclusion.

Programme components

Social advocacy, planning and information

31. The Government has initiated efforts to improve the development of policies and planning for children. However, gaps remain. The Government recognizes the importance of creating a knowledge base on children and women and placing information in the public domain for greater participation by a wider range of actors. Encouraging the participation of civil society and the business community in the decision-making process is a goal of the Government and an important part of its strategy for integration in the European Union. The Government is developing a comprehensive National Plan of Action (NPA) for children to systematically address the realization of child rights in Albania.

32. Key results expected from this programme are that child rights policies will be harmonized to lay the ground for development of a children's code; issues of disadvantaged children will be accorded priority in national social and economic plans with adequate budgetary allocation; information and knowledge on children and young people will be produced regularly for effective monitoring at all levels; and civil society, communities and families in selected disadvantaged areas will participate in improving the availability and quality of services.

33. Advocacy and communication initiatives will keep child rights issues high on the national agenda. Creation of a knowledge base on children will assist in decision-making through disaggregated data collection and analysis. The results of analyses of determinants of child poverty and deprivation will inform strategies and resource allocation. Policies and legislation in the areas of ECD, health, juvenile justice, child protection and education will be aligned with international standards. The skills of the Childs Right Unit will be strengthened and mechanisms established to implement and monitor these policies at all levels. Mechanisms will be created for participation of communities and families in planning, implementing and monitoring of issues affecting children. The programme component will be implemented in partnership with other United Nations agencies, the European Union and other donors.

Children's health and development

34. Over the past decade, access to quality health, pre-school and education services has become limited, especially in such areas as the isolated northeast and among new migrants living in peri-urban areas, the poor and Roma. In health, emphasis has been on curative rather than preventive care. An unfulfilled demand for pre-school services, together with outdated curricula, learning materials, equipment and teaching methods, contributes to lower completion rates and learning achievement.

35. Key results to be achieved include: 70 per cent of marginalized children in selected areas will use quality ECD services and complete primary education with appropriate levels of learning; gender parity will be attained in education, especially for disadvantaged groups and Roma; a 20-per-cent reduction in micronutrient deficiencies of vitamin A and iron; achievement of universal salt iodization; and reduction in stunting among young children by 20 per cent.

36. This programme will contribute to increased access to and availability of quality health care, child development and education services in selected areas through the development of standards of care and regulatory mechanisms. Skills and capacities of professionals will be strengthened to deliver these services to children, young people and women. Reduction in stunting will be addressed through improving care practices of parents and care givers and increasing family access to health services. Newborn care, immunization services, birth registration and early child care and development services will be increasingly accessed by the most vulnerable communities. Pre-school education will help prepare children for primary education.

37. The programme component will be implemented in coordination with the United Nations Development Programme (UNDP), UNFPA, WHO, the World Bank, the European Union and other donors.

Child, youth and family protection

38. Poverty, decreased access to and quality of basic social services, and weakened community support mechanisms have limited the capacities of families to provide a nurturing and protective environment for their children. Although the prevalence rate for HIV/AIDS is low, increasing internal and external migration and risky behaviour among young people, coupled with lack of knowledge on HIV/AIDS, puts a large number of youth at risk. Young people's involvement in serious crimes is on the rise. The social services system does not address children's needs comprehensively.

39. This programme component aims to contribute to 80 per cent of young people having access to information and services, especially on HIV/AIDS; a 50-per-cent increase in young people using "youth-friendly" services including voluntary confidential counselling and testing; an increase in the number of at-risk children benefiting from an effective child protection system; a decrease in the number of juveniles in conflict with the law; and an increase in the number of juveniles sanctioned without being deprived of their liberty.

40. The country programme will strengthen national policies, institutional frameworks and service delivery in child protection, HIV/AIDS and juvenile justice. Institutional mechanisms will be developed to ensure the implementation of these policies and the decentralization of child protection services to regional and local levels. The capacities of professionals working with children at risk will be strengthened through training on child protection issues that is linked to newly developed standards for care. The development of a national referral and case management system for children at risk will be supported together with the establishment of regional-level coordination units and mandatory reporting systems for monitoring. The capacities of local government and NGOs will be strengthened to deliver a package of services (education, health, psychosocial and economic) to children at risk and their families.

41. In the area of juvenile justice, the country programme will support the Government in legislation and policy development; institutional capacity-building and alternatives to detention; protection and reintegration of children deprived of their liberty; and prevention of juvenile delinquency.

42. Support will be provided to the Government to expand "youth-friendly" services and strengthen the capacities of professionals in health, life skills and HIV/AIDS counselling and testing.

43. The programme will work with multilateral and bilateral donors including the European Union, DCI, the Government of the Netherlands, NORAD and Sida.

44. **Cross-sectoral** costs will cover the salaries of staff performing cross-cutting functions and relevant travel.

Major partnerships

45. The programme will be implemented in close collaboration with government counterparts at the national, regional and local levels and with United Nations agencies and international and national civil society organizations. UNICEF will continue to work with Ministries including those of Health; Education and Science; Culture, Youth and Sports; Labour and Social Affairs; Justice; and State and Local Government; as well as the Committee for Gender Balance and local and regional governments. This collaboration will emphasize education, health and protection and will focus on designing or revising legislation, developing mechanisms for enforcement, improving standards and monitoring implementation. Partnerships with children, adolescents and families will be enhanced across all programmes.

46. Existing networks of partners including interministerial task forces, civil society coalitions and alliances will continue to nurture information sharing and strengthen concrete action and advocacy efforts. Civil society will play a key role in monitoring and implementation of children's and women's rights and reaching communities with rights-based information. The media will continue to be supported as a key communication and advocacy partner.

47. UNICEF will build on good relations with external support agencies, including the bilateral government agencies present in Albania, the World Bank and the European Commission. Networking with National Committees for UNICEF will be strengthened. The United Nations country team will remain a key partner, with

collaboration pursued through several inter-agency working groups on topics such as HIV/AIDS, gender, education and communication.

Monitoring, evaluation and programme management

48. A five-year integrated monitoring and evaluation plan will be developed, linked to the UNDAF monitoring and evaluation framework. Planned evaluations will cover the delivery of services to children and at-risk families, parenting practices and the implementation of the NPA, in connection with the Government's annual reviews of the NSSED.

49. Key progress indicators will include: the number of policies adopted affecting children and women; and the degree of social inclusiveness and participation by marginalized groups and young people in programmes and decision-making processes. Other indicators to assess progress and measure results will include: availability and use of "child-friendly" services; knowledge of young people on HIV/AIDS prevention; elimination of iodine deficiency disorder; drop-out and learning achievement rates.

50. In close collaboration with the Government and other United Nations agencies, a knowledge base on children and women will be developed using the results of the multiple indicator cluster survey (MICS) and the *DevInfo* system. Another MICS will be conducted in 2010.

51. The UNICEF office in Tirana will carry out field trips and prepare progress reports. Annual reviews will be carried out with a mid-term review of the country programme taking place in 2008. Research, studies and evaluations will be conducted.

52. UNICEF will participate in the evaluation of the UNDAF in 2009 in cooperation with the United Nations country team, Government and other partners.

53. The Ministry of Foreign Affairs will be the coordinating body for the country programme, while line Ministries will continue to be partners in planning and implementation, and monitoring of the country programme.



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Distr.: Limited
23 March 2005

Original: English

For action

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Annual session 2005

6-10 June 2005

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Draft country programme document**

Belarus

Summary

The Executive Director presents the draft country programme document for Belarus for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$3,260,000 from regular resources, subject to the availability of funds, and \$1,420,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

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Basic data^a
(2003 unless otherwise stated)

Child population (millions under 18 years)	2.1
U5MR (per 1,000 live births)	17
Underweight (% , moderate and severe)	N/A
Maternal mortality ratio (per 100,000 live births, 2002)	18
Primary school enrolment (% , net male/female, 2001/2002)	95/93
Primary school children reaching grade 5 (% , 1999)	72
Use of improved drinking water sources (% , 2002)	100
Adult HIV prevalence rate (%)	N/A
Child work (% , children 5-14 years old)	N/A
GNI per capita (US\$)	1,590
One-year-olds immunized against DPT3 (%)	86
One-year-olds immunized against measles (%)	99

^a More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Belarus is a lower middle-income country. Official statistics show a continuous growth in gross domestic product (GDP) and industrial production since 1996, and a decrease in inflation from 108 per cent in 2000 to 28 per cent in 2003.
2. In 2003, 47 per cent of the consolidated social budget was spent on education, 36 per cent on health and physical education and 12 per cent on social assistance and insurance. In recent years, Belarus has embarked on a number of reforms in education, health and social protection. It is important that these reforms continue to address issues of efficiency and equity so that the most vulnerable remain at the centre of attention.
3. Belarus continues to be affected by the 1986 Chernobyl nuclear power plant disaster, when almost 23 per cent of its territory was contaminated by radioactive fall-out. The costs of addressing the environmental, economic, fiscal, and social consequences of the catastrophe have been a major burden on the budget, amounting to 1 per cent of GDP in 2003.
4. According to the World Bank, poverty has declined substantially over the past eight years while inequality has increased marginally. This decline has been achieved by maintaining an extensive system of social protection, services and administrative wage increases. However, disparities remain. People residing in rural areas represent the largest share of the poor (39 per cent). Families with three or more children have three times the risk of being poor. Poverty-related patterns are evident in morbidity and related risk factors. For example, 13 per cent of children under five years are stunted, a condition typically associated with long-term deprivation.
5. The population dropped below 10 million in 2001. During the last decade, a low birth rate has been accompanied by a high adult death rate and falling life expectancy. The number of alcohol-related deaths increased from 24 per 100,000 in 1994 to 27 per 100,000 in 2002. There are 2.1 million children in Belarus, a decline

of 25 per cent since 1990, with 72 per cent living in urban areas and 28 per cent in rural areas.

6. The infant mortality rate (IMR), one of the lowest among the members of the Commonwealth of Independent States, is higher in rural than urban areas (10 and 7 per 1,000 live births respectively). Accidents, poisoning and injuries are among the leading causes of child mortality and morbidity. The maternal mortality ratio was 18 per 100,000 live births in 2003, but is higher in rural areas, which saw an increase from 16 in 2000 to 25 in 2003. Anaemia continues to be prevalent among women of child-bearing age. The rate of anaemia among children 0-14 years increased from 727 cases per 100,000 in 2000 to 832 in 2003. Iodine deficiency disorders (IDD) remain a public health problem.
7. The well-being, health and development of more than 330,000 children continue to be adversely affected by the aftermath of the Chernobyl accident. The measures and assistance that have been put in place are not sufficient to meet the needs of these children and their families.
8. The estimated number of HIV-infected people is between 11,000 and 15,000. Increasingly, HIV is transmitted through sexual contacts and infections among women are rising. Young people comprise 80 per cent of all registered HIV cases. At the beginning of 2004, the total number of children born to HIV-positive mothers was 541, with 20 children in state care. The integration of HIV-infected and -affected children in schools poses problems arising from stigma, deficiencies in knowledge and skills of teachers and social workers, and insufficient support to the children and their families.
9. A number of new and worrying trends are affecting families. Approximately 6 out of 10 marriages end in divorce. Violence towards children and women has grown. In 2003, the fertility rate among young women aged 15-19 years was 23 per 1,000 (women in that age group). Between 1990 and 2003, there was a continuous increase in the number of children born to unmarried women, reaching nearly one third of live births in 2003.
10. Deprivation of parental rights has been the main cause for children becoming 'social orphans' and is increasingly associated with parental neglect and alcoholism. Since 2001, the number of children in state care institutions has been decreasing. Of 27,888 children deprived of parental care in 2003, 47 per cent were in state care and 53 per cent in alternative placement. Young people leaving care have had difficulties in adapting to independent living, starting a family and raising children.
11. In 2003, there were 118,914 children with special needs, including 29,282 children with disabilities. Their needs included rehabilitation, psychosocial and medical support and social integration. In recent years there has been a shift away from placing children in special education establishments towards integrated education; 68 per cent of these children currently have access to mainstream schools and pre-schools. A network of centres provides psychosocial services to these children and their families. The objectives still to be met are providing every child with special needs with comprehensive support and care to ensure social integration. To prevent more serious problems, prevention, early detection and treatment should be made available to children with early indications of physical, cognitive or emotional disabilities.

12. In 2003, 27,105 children were charged with juvenile offences, an increase of 5,560 as compared with 2002. Alcohol and drug abuse and dysfunctional family environments contributed to this increase. Policy guidelines for juvenile justice that promote a shift to social and restorative justice were developed.

13. The National Plan of Action for the Improvement of the Situation of Children and for Protection of their Rights for 2004-2010 (NPA) was developed and approved in response to the recommendations of the Committee on the Rights of the Child in 2002. Its priorities include the alignment of laws with the Convention on the Rights of the Child and the strengthening of mechanisms to collect and analyse data on children. The NPA also provides for improved policies and measures to guarantee a well-functioning juvenile justice system that puts the interests of the child first.

Key results and lessons learned from previous cooperation, 2003-2005

Key results achieved

14. The previous country programme's overall goal was to strengthen the capacity of the Government and civil society to fulfil and protect children's rights in Belarus. Through dissemination of knowledge and best practices, training and re-orienting services, the programme sought to contribute to the development of integrated policies and practices in early childhood development, young people's health and development and HIV/AIDS prevention, and child protection.

15. Consumption of iodized salt by households reached 55 per cent, an increase of 20 per cent from 2001. Some 78 per cent of the population now have knowledge about iodized salt.

16. The exclusive breastfeeding rate increased two-fold to 50 per cent in 2003, as compared with 1993. Standards and procedures were developed to assess "baby-friendly" clinics, and national assessors were trained. Programmes, guidelines for parental education and a "better parenting package" which addressed early childhood issues, were produced and disseminated. Pre-school education models tailored to the specific needs of children in rural areas were established.

17. Health-care services in Minsk and Svetlogorsk, a city at the centre of the HIV epidemic, were re-oriented to deliver counselling and information services to young people. These health centres involved teachers and parents in promoting healthy lifestyles. A core group of national medical professionals was trained in the prevention of mother-to-child transmission of HIV. A situation analysis of the HIV epidemic's effect on children and women helped to shape the national agenda for community-based care and support for HIV-affected and infected children and families. Support for these activities was provided by Development Cooperation Ireland (DCI).

18. An estimated 30 per cent of children now have access to healthy lifestyle education in schools. In 2004, life skills-based education was introduced into the national school curriculum and further reinforced through peer education programmes.

19. The traditional pattern of placing children deprived of parental care in state care institutions is changing. In 2003, 53 per cent of children deprived of parental care were placed in alternative care, compared to 39 per cent in 1993. New approaches for children with disabilities, including day-care centres, rehabilitation and professional/vocational training programmes to promote social integration, have been implemented with the support of the Government of the Netherlands. Restorative programmes for young offenders were assessed and recommended for replication in Minsk.

Lessons learned

20. The 2004 extended annual review of the country programme confirmed that collaboration and a coordinated response by government agencies and non-governmental organizations (NGOs) ensure sustainability and replication of best practices. Specific examples included the joint design and implementation of programmes for young offenders in Minsk; and promotion of healthy life styles and prevention of HIV, STI and drug abuse among young people.

21. The quality of the country's NPA was enhanced by the meaningful participation of children and young people. Youth participation in the promotion of healthy lifestyles through peer education programmes and youth media initiatives proved to be effective in building communication channels.

22. The progress in de-institutionalization of children is to a great extent attributed to the Government's strong commitment to a comprehensive approach that includes the adoption of legislative and regulatory frameworks; strengthening of family support services to prevent family disruption; creation of alternative family-based care accompanied by training of professionals working with families and children; and change in public attitudes.

The country programme, 2006-2010

Summary budget table

(In thousands of United States dollars)

<i>Programmes</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Early childhood development	850	420	1 270
Children and young people's health and development and HIV/AIDS prevention	850	480	1 330
Child protection	910	520	1 430
Cross-sectoral costs	650	-	650
Total	3 260	1 420	4 680

Preparation process

23. The situation analysis of children and women in Belarus formed the basis for the new country programme. The programme was discussed with the Ministry of Foreign Affairs, as the coordinating government partner, and with line ministries and the United Nations country team. Programme interventions have been developed within the framework of national priorities and plans.

Goals, key results and strategies

24. The overall goal of the programme is to support national plans and priorities to increase children's and young people's opportunities to enjoy their rights to survival, development, protection and participation. The proposed programme will consolidate and build on achievements of previous cooperation, with the main thrusts comprising policy reform, and developing linkages and complementarity between interventions.

25. The first programme component will focus on the creation of an enabling environment for young children through achievement of two key results: (a) improved ECD policies for prevention of micronutrient deficiencies and for children with special needs (children with disabilities, who are intellectually challenged or have psychosocial problems); and (b) at least 20 per cent more young children will benefit from improved capacities of professionals and parents on ECD.

26. The second component aims to protect children and young people from HIV and other related risks. It will incorporate three key results: (a) at least 70 per cent of all children will have access to relevant health and life skills education (b) an increased number of children, young people and families will have access to quality community-based HIV/AIDS care and support in five locations most affected by the epidemic; and (c) young people will have better opportunities to influence decisions affecting their lives.

27. The third component will centre on improving the environment for children and young people in need of special protection measures, with two key results: (a) improved child protection legal frameworks and policies will be in place relating to de-institutionalization, juvenile justice and violence prevention; and (b) a 20-per-cent decrease in the number of institutionalized children.

28. Strategies include providing support for enhanced national legislation, policies and implementation mechanisms in line with the observations of the Committee on the Rights of the Child. Standards will be developed to improve services for children, and young people. Institutional capacity-building and training of professionals will be carried out in support of these changes. Social mobilization and communication for behavioural change will strive to raise awareness and change attitudes towards the most vulnerable groups of children and young people; and to promote child rights and healthy lifestyles.

29. The programme will focus upon the most vulnerable, including children with disabilities and those deprived of parental care or in conflict with the law. Efforts will be made to promote coordinated responses by public agencies and civil society vis-à-vis children, young people and families. Geographical disparities will be addressed through focusing on rural areas and locations showing the most adverse

trends in relation to children and young people, such as areas affected by the Chernobyl disaster and those with the highest incidence of HIV/AIDS.

Relationship to national priorities and the UNDAF

30. The country programme is guided by the national Law on the Rights of the Child, the Programme "Children of Belarus", the National Plan of Action on the Improvement of the Situation of Children and Protection of Their Rights for 2004-2010, and the National Programme for Healthy Lifestyle Promotion for Youth and Children.

31. The harmonization of the programme cycles of UNICEF and the United Nations Development Programme will start in 2006 and form the basis of a coordinated United Nations system response to national priorities.

Relationship to international priorities

32. The programme contributes to the achievement of the following Millennium Development Goals: Goal 4, reducing child mortality; Goal 5, improving maternal health; Goal 6, combating HIV/AIDS, malaria and other diseases; Goal 8, developing a global partnership for development; and section VI of the Millennium Declaration: protecting the vulnerable. The goals of *A World Fit for Children* that cut across the programme's activities include promotion of healthy lives and quality education; combating HIV; and protecting against abuse, exploitation and violence. The programme's expected key results fit within three of the priorities of the UNICEF medium-term strategic plan: early childhood development, fighting HIV/AIDS, and child protection.

Programme components

Early childhood development

33. The rights of young children (0-7 years) to survival, health and development are threatened by micronutrient deficiencies, accidents and limited access to services for children with special needs. Lack of adequate policies, implementation measures and insufficient knowledge of professionals and parents on early child development compound these problems.

34. This programme addresses the increased need for an institutional knowledge base for ECD, appropriate and updated legislative frameworks and more advanced networking, communication and sharing among childcare professionals in Belarus. This support will contribute to the revision and refocusing of overall ECD policies and practices targeting children with special needs.

35. Implementation of a multidisciplinary approach to ECD will include improved regulatory frameworks and actions in micronutrient deficiency prevention; incorporation of standards and methodologies for comprehensive monitoring of professionals' and parents' care of young children; and determination of roles and responsibilities of main ECD stakeholders with a focus on parents.

36. Professionals' and parents' needs for knowledge on young children's psychosocial development will be addressed through early childhood programmes that promote children's physical, intellectual and social development and school readiness. ECD professionals and parents will be trained on the prevention and improved management of accidents and poisoning. Early identification, assessment and stimulation of young children with special education needs will be supported through increased access to quality early intervention services, such as integrated services for children with special needs. National partners will be assisted in expanding "baby-friendly" practices to maternal and child health services and monitoring their quality.

Children and young people's health and development and HIV/AIDS prevention

37. Young people are particularly vulnerable to HIV because of risky sexual behaviour, substance abuse and insufficient access to HIV information and prevention services.

38. This programme promotes children's and young people's social, physical and mental health through improving access to information, health care and opportunities for participation. The programme's HIV prevention and response framework will include complementary interventions focusing on education and prevention; community involvement in care and support of HIV-infected and affected children and families; and youth participation.

39. Healthy lifestyle information will be disseminated through the formal education system to reach the majority of children and young people. This work will foster children's and young people's understanding about youth-related risks such as HIV, STIs, and drug and alcohol abuse, and enhance their skills through life skills education to make healthy lifestyle choices and manage individual health patterns. Programmes, guidelines and manuals for children and professionals will be developed, with accompanying training to school teachers. Peer education programmes, both within and outside schools, will also complement these initiatives.

40. Expansion of health facility networks that are friendly, supportive, accessible, affordable, confidential and non-judgemental will provide youth-appropriate services and information that ensure young people the opportunity to participate in decisions affecting their health.

41. Measures to prevent HIV transmission from mother to child have been integrated in medical services for women and children since 1997, but there is lack of trained medical professionals, especially in rural areas. Replicable community-based support models for HIV-infected and affected children and their families in the locations with the most pronounced HIV epidemic will be established and evaluated. The main activities will be directed towards PMTCT, decreasing the impact of HIV/AIDS on families and preventing stigmatization and social isolation of these children and families through guaranteed access to health, education and social services, and psychosocial support. This work implies building collaboration among public agencies, professionals and civil society groups to advocate and protect these vulnerable groups' rights.

42. Creation of supportive environments for children's and young people's participation will be further promoted to ensure that children and young people are actively involved in assessing needs, devising solutions, shaping strategies and carrying them out. Child participation mechanisms, such as peer education, youth journalism or youth initiatives, will be promoted at national, regional and community levels.

Child protection

43. Parental neglect, violence and abuse lead to deprivation of parental rights and placing children in state care institutions and correctional facilities. National policies and implementation measures are still to address child protection gaps through enhancement of a system for more appropriate screening of children entering institutions the improvement and expansion of community-based support services that would better uphold the rights of children with disabilities, and those deprived of parental care and families.

44. Key programme interventions will consist of improved access to information about the situation of children and women; collection and assessment of national, regional and subregional data disaggregated by age and gender; and establishment of child protection standards and indicators. This will reinforce the coordinated national response to family dysfunction, ensuring that children live in families or family-like environments. The policy reform agenda will comprise adoption and implementation of improved child-centred strategies, including effective actions in violence prevention, de-institutionalization and juvenile justice; strengthened national capacities to monitor children's rights realization; and harmonization of public agencies' and civil society organizations' efforts in child protection.

45. The programme will focus on supportive environments for vulnerable children that reduce the risk of neglect, abuse and institutionalization, as well as on strengthening family coping mechanisms. Strategies will include development, testing, evaluation and replication of innovative models and outreach techniques targeting children with special needs and children in conflict with the law.

46. Testing and evaluation of replicable models that transform state care institutions into resource and support services for children and families will be undertaken. Children's capacities for independent living will be strengthened. Assistance will be extended to improve the situation of children in correctional facilities for juvenile offenders. Minimum standards with regard to treatment and protection of juveniles in conflict with the law will form the framework for the transformation of the child and youth care system, as stipulated in the NPA.

47. **Cross-sectoral costs** will cover selected programme staff, administrative, information and communication expenses.

Major partnerships

48. The Government of Belarus will continue to be the major partner of UNICEF. Coordination and cooperation will be strengthened with ministries working for children, young people, women and families. Local and regional authorities and administrations at the subnational level will be important allies in programme

implementation, especially in areas affected by the Chernobyl accident and the HIV epidemic. Non-governmental and civil society organizations will continue to be partners in programme implementation, monitoring and joint advocacy for children's and young peoples' rights. Children and young people will increasingly participate in programme design, implementation and monitoring. Relations will be strengthened with academic and research institutions to enhance the capacity to analyse the situation of women and children and to design actions that address their needs. The media will be engaged in advocacy and resource mobilization for children.

49. The Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Health Organization will be important partners in the response to HIV/AIDS. Enhanced partnerships with United Nations agencies, National Committees for UNICEF and donors will be pursued in the joint design, implementation and monitoring of activities that promote the health and development of children, young people and women. UNICEF will continue to seek opportunities for joint advocacy on women's and children's rights and for obtaining social development resources in the areas affected by the Chernobyl disaster.

Monitoring, evaluation and programme management

50. A budgeted integrated and monitoring evaluation plan (IMEP), subject to annual revision, will establish a five-year research, monitoring and evaluation agenda. Key indicators will be used to assess progress against established objectives including infant, child and maternal mortality rates, rates of anaemia prevalence, the incidence of accidents and poisoning, rate of exclusive breastfeeding, the number of deliveries in certified "baby-friendly" hospitals, rates of use of iodised salt, HIV incidence, and the number of children in institutions, and the ratio of children placed in institutions versus alternative placements. Efforts will be undertaken to develop indicators for young people's participation. Government and other partners will undertake periodical progress assessments using these and other indicators to identify implementation bottlenecks and undertake corrective actions.

51. The situation analysis of women and children in Belarus will be periodically updated. Studies, surveys and evaluations conducted in 2003-2005 will be the baseline for the assessment of programme progress and impact. National partners including the Government, local authorities, NGOs, children and young people will participate in joint monitoring and evaluation, annual reviews and the 2008 midterm review of the country programme.

52. The Ministry of Statistics and Analysis will be supported in implementing DevInfo for monitoring and reporting on the Millennium Development Goals; the goals of Education for All; *A World Fit for Children*; and national priorities vis-à-vis children and women. Access will be provided to all interested parties to disaggregated national, subnational and international data. Increased access will strengthen monitoring capacities of the United Nations, national decision makers and civil society.

53. The Ministry of Foreign Affairs will be responsible for the overall coordination of the country programme and interactions of UNICEF with national partners.



Economic and Social Council

Distr.: Limited
31 March 2005

Original: English

For action

United Nations Children's Fund

Executive Board

Annual session 2005

6-10 June 2005

Item 5 of the provisional agenda*

Draft country programme document**

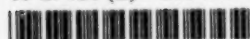
Bulgaria

Summary

The Executive Director presents the draft country programme document for Bulgaria for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$2,464,000 from regular resources, subject to the availability of funds, and \$2,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2009.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.



Basic data[†]
(2003 unless otherwise stated)

Child population (millions, under 18 years)	1.4
U5MR (per 1,000 live births)	15
Underweight (% , moderate and severe)	..
Maternal mortality ratio (per 100,000 live births, 1992/1994)	15
Primary school enrolment (% net, male/female, 2000/2001)	94/92
Primary schoolchildren reaching grade 5 (% , 1999/2000)	95
Use of improved drinking water sources (% , 2002)	100
Adult HIV prevalence rate (% , end 2003)	<0.1
Child work (% , children 5-14 years old)	..
GNI per capita (US\$)	2 130
One-year-olds immunized against DPT3 (%)	96
One-year-olds immunized against measles (%)	96

† More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. In the last decade, Bulgaria has made a number of far-reaching political and economic reforms that are transforming it into a democratic and open-market country and positioning it for membership in the European Union (EU) in 2007. Its 7.5 million people are primarily ethnic Bulgarians (84 per cent), ethnic Turks (9 per cent) and ethnic Roma (5 per cent), according to the 2001 Census.

2. The European Commission's (EC) 2004 report on Bulgaria's progress towards accession underlines the gains achieved by the country in consolidating and deepening the stability of its institutions, guaranteeing democracy, the rule of law, human rights and respect and protection of minorities. The report also identified a number of gaps and recommended more efficient interdepartmental coordination at national level, including in the areas of human rights, protection of minorities and a better legal framework for local administration. The report also emphasized the need to establish an independent body to implement comprehensive legislation on anti-discrimination, and to reinforce child welfare structures and their coordination with relevant ministries. In addition, sustained efforts are needed to tackle the problems of minorities and set up efficient and integrated monitoring and evaluation systems.

3. The Committee on the Rights of the Child provided similar directions in its observations on Bulgaria's initial report in 1997. It called for giving priority to the development of a system of data collection and identification of appropriate disaggregated indicators in order to address all areas of the Convention of the Rights of the Child and all groups of children. It recommended the creation of an independent mechanism to monitor child rights and the allocation of sufficient budgetary resources for social services for improved quality and accessibility.

4. The economy has grown in recent years at approximately 4 per cent per year, but there are significant disparities between regions. Expenditures on health and education have increased but are not yet on par with EU averages. Bulgaria's 2003 report on the Millennium Development Goals stated that the country's average

income is approximately 10 times lower than the EU average, and twice as low as that of the countries that recently joined the EU. Real wages declined by 40 per cent from 1989 to 2002, and 13 per cent of the population live below the relative poverty threshold. During the same period, Bulgaria's child population declined by 36 per cent mainly because of decreases in fertility, birth rates and emigration. Disparities also persist along ethnic lines. According to the World Bank, a person of ethnic Turk or ethnic Roma origin in Bulgaria is respectively four times or ten times more likely to be poor than an ethnic Bulgarian.

5. Although there have been some improvements in the overall situation of families, many are still confronting hardship. The general divorce rate has increased by 75 per cent since 1989. Both single-parent families and families with many children have a higher risk of being poor. Children born to single mothers account for 43 per cent of total live births, a four-fold increase during the same period. There are about 2,900 young children aged 0-4 years living in infant homes, one of the highest numbers in the region.

6. Bulgaria has achieved universal salt iodization (USI). Child survival indicators have remained mostly stagnant over the last 14 years, with child and maternal mortality rates that are two and four times higher respectively than the EU averages. This reflects the isolation of entire groups from social and health care systems, compounded by families' poor awareness of reproductive health and proper childcare practices, which in turn limit demands for better health education and services at community level. There is a lack of data on nutrition for pregnant and lactating mothers, and on breastfeeding and young child feeding, although there is evidence that nutrition practices among some groups are poor.

7. Over 90 per cent of children complete nine years of education, but schools are ill adapted to preparing young people for employment in the modern-day market. Rural children have an average of three years less education than urban children. Children of 42 per cent of Roma families do not complete primary education, and an estimated 13 per cent of Roma adults are illiterate, an increase of 50 per cent between 1992 and 2001. The laws on compulsory education until age 16 and inclusive education for disabled children are not fully enforced. Increasing drop outs from the national education system exposes many children to exploitation, violence and abuse at an early age.

8. From 1990 to 2002, the number of children in public institutional care, which includes infant homes, child homes, orphanages, boarding schools and institutions for physically and mentally disabled children and correctional schools, decreased from 70,600 to 30,250. This was mainly due to a reduction in number of boarding schools and institutions for physically and mentally disabled children and a change in the reporting system.

9. From 1989 to 2002, the registered juvenile crime rate increased three and one half times and by 2002, affected over 4 per cent of children aged 14-17 years, the highest rate in the region. This increase relates mostly to a rise in thefts and physical violence by children, an indication of the difficult process of transition for the young generation. Trafficking of children and women is a concern. Non-governmental organizations (NGOs) have reported that between 2000 and 2003, at least 350 individuals, mostly women, were trafficked, and almost one half of them were minors.

10. There are 508 HIV-positive individuals officially registered in Bulgaria — 69 per cent of them men and 31 per cent women. In 2004, 43 new infections were reported, 13 of which are in the 18-25 age group. Ninety percent of the HIV-positive individuals were infected through sexual contact. Between 1986 and 2004, 35 HIV-positive pregnant women were registered. Substance abuse also remains a problem. There are about 25,000 young people using drugs, while approximately 16,000 young people aged 15-25 years are regularly injecting heroin, according to data from the last census and the National Drugs Centre.

11. The country is striving to address problems related to child welfare and protection. Recent economic growth and the process of accession to the EU are windows of opportunity for increasing attention to and resources for children and putting in place sustainable systems and processes to protect their rights.

Key results and lessons learned from previous cooperation, 2003-2005

Key results achieved

12. The aims of the previous programme included a focus on young child nutrition, child protection and young people's health and development.

13. The achievement of USI and the elimination of iodine deficiency were confirmed by the 2003 UNICEF-supported national household utilization survey on the use of iodized salt and urinary analysis among pregnant women and children. Verification is subject to international assessment on iodine nutrition, planned in 2005. This will be the culmination of efforts by the Government and UNICEF to ensure sound iodine nutrition for children and pregnant women through national legislation, enhanced capacity for iodization of locally produced salt, comprehensive monitoring systems and ongoing information for the public and medical professionals. These efforts were supported by the United States Agency for International Development (USAID).

14. The process of preparing the National Plan of Action on the Prevention of Commercial Sexual Exploitation (2003-2006) increased the awareness of various government departments on this issue and provided a comprehensive framework for prevention and addressing the needs of victims and their families. In the area of de-institutionalization of children, national testing of the World Bank/UNICEF tool kit on standards of care of children in institutions resulted in new standards for improvement in the quality of services for children living in residential care. Models for foster care are being developed for national replication. In partnership with the Minister of Justice, a multisectoral review of the juvenile justice system was carried out and a national strategy and plan of action on juvenile justice were prepared and adopted.

15. As part of a national system for ongoing monitoring of child rights, comprehensive baseline data have been compiled on the status of implementation of the Convention on the Rights of the Child. Detailed analysis is being conducted by the newly established National Working Group under the State Agency for Child Protection (SACP), which comprises both government and civil society representatives and UNICEF.

16. Selected components of the national strategy for the prevention of HIV were supported in partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the Social Development Unit under the Office of the United Nations Resident Coordinator and the Canadian International Development Agency. This included enhancing the technical capacities of the members of the National HIV/AIDS Committee and other professionals; development of a coalition of NGOs that worked collectively in three national HIV campaigns to promote greater awareness of HIV/AIDS among young people and the public; and expanded national capacities in voluntary counselling and testing for HIV. From 2004, with funding from Development Cooperation Ireland, the programme helped to enhance the capacities of health professionals for planning "youth-friendly" health services.

Lessons learned

17. Identifying good practices and innovative interventions that have the potential to be replicated and sustained requires strengthened systems for coordination and information exchange between national and local governments, and needs to be closely linked to resource mobilization to effectively reach the most affected children and their families on a priority basis.

18. The working groups which revised the implementation the Convention on the Rights of the Child concluded that while reforms are underway as part of Bulgaria's accession to the EU, the implementation of measures on child health, education and protection, especially among minority groups, has been slower than expected. More time and effort are needed to mobilize support for changing systems.

19. The challenges that need to be addressed in the context of ongoing social sector reforms include the strengthening of national and local-level monitoring of the situation of children, based on a comprehensive set of basic social sector /child rights indicators and timely use of the data for local and national resource allocation and planning. Current monitoring systems do not fully capture the situation of children and young people in minority groups.

20. The participation of civil society, particularly children and young people, in decision-making and implementation of programmes is still limited at both national and local levels. There is a need not only to equip young people with appropriate attitudes and skills but also for adults, parents and teachers to adopt new ways of interaction. Sustainable mechanisms to obtain the views of young people in local and national planning need to be developed through a consultative process with youth organizations.

The country programme, 2006-2009

Summary budget table

<i>Programmes</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Social policy and advocacy	600	200	800
Child rights monitoring	750	700	1 450
Children and young people's development and protection	614	1 000	1 614
Cross-sectoral costs	500	600	1 100
Total	2 464	2 500	4 964

Preparation process

21. Bulgaria does not have a United Nations Development Assistance Framework. The proposed programme of cooperation has been developed in close collaboration with the Government and the United Nations agencies. The SACP and UNICEF supported two exercises assessing national compliance with the Convention on the Rights of the Child, with the participation of government ministries, civil society, the private sector, mass media and children. The implementation checklists for the Convention, a human rights-based approach to programming and results-based management principles were all applied during the workshops for better identification of gaps and tangible results for children. In addition, consultations were held with United Nations agencies, the EC, the World Bank, USAID, other major donors and NGOs.

Goals, key results and strategies

22. The overall goal of the country programme is to support the Government's vision for Bulgarian children for 2010, that children grow-up healthy, educated, informed, socially active and responsible in a safe, secure, enabling and supportive family and social environment, and that they feel secure in their development as young people. This goal will contribute to realization of child rights and sustainable achievement of the Millennium Development Goals, with a special focus on marginalized groups.

23. Bulgaria is expected to join the EU in less than two years time and the EC is bringing substantial financial resources to facilitate the process of integration before and after accession, with the full commitment of the Government. The new country programme will build on the historical opportunity and momentum of EU integration to ensure that the best interests of children remain central and that necessary resources are made available to achieve long-lasting results for children.

24. The programme will seek to achieve the following key results: (a) improved policies and programmes that are child-focused both at national and regional levels; (b) local authorities will be able to plan social service delivery for children at district and municipal levels, based on human rights-based approaches and results-

based management; (c) civil society organizations will participate in planning, implementing, monitoring and evaluating child protection programmes; and (d) children from the most vulnerable families, including Roma: (i) will receive better parental care; (ii) have adequate access to protection services; (iii) have the skills and practices to prevent risky behaviours; and (iv) will remain in school.

25. A four-pronged strategy will be applied. At national level, existing national institutions responsible for intersectoral coordination will be strengthened in order that children's rights are at the forefront of the political agenda and a more integrated national policy framework for children comes into place. At subnational level, capacity development of district and municipal governments will support the adoption of new approaches to promote child protection and development programmes. Principles of human rights-based approaches to programming and results-based management will be the cornerstone of capacity-building of local social protection managers. Thirdly, models of best practices in child protection, young people's development and participation, and early childhood development (ECD) will be identified and disseminated with a view to national scaling-up. A special emphasis on the most vulnerable will include Roma and other minority groups. Finally, mechanisms will be developed for young people's participation in decisions affecting their lives and monitoring implementation of child rights in their communities.

Relationship to national priorities

26. The proposed programme takes into account and supports the goals and strategies detailed in the following documents: the National Plan to Combat Poverty and Social Exclusion; the National Strategy for Child Protection; the National Plan for Decreasing the Number of Children in Specialized Institutions; the National Action Plan Roma Inclusion Decade 2005-2015; the National Action Plan Against Commercial Sexual Exploitation of Children; the National Anti-Drug Strategy; the National Action Plan for Prevention and Control of HIV/AIDS and Sexually Transmitted Infections; the EU criteria for membership (*acquis communautaires*); and the Joint Inclusion Memorandum signed between the Government and the EU.

27. The proposed programme will be implemented in close collaboration with United Nations agencies in accordance with the priorities listed in Bulgaria's report on the Millennium Development Goals. The UNICEF programme has also identified complementarities with the UNDP programme for strengthening good governance for local and regional development and support to social inclusion.

Relationship to international priorities

28. The country programme has been guided by the: (a) the Millennium Development Goals on poverty and malnutrition, education, empowerment of women, child mortality and maternal health, HIV/AIDS and partnership for development; (b) the goals of *A World Fit for Children* for promoting healthy living, providing quality education, combating HIV/AIDS and protecting children against abuse, exploitation and violence; (c) the UNICEF medium-term strategic plan; (d) the relevant sections of the 2004 EC report on Bulgaria; and (e) the concluding observations and recommendations of the Committee on the Rights of the Child.

Programme components

Social policy and advocacy

29. A number of good initiatives and programmes on children and women exist. However, the efficiency and effectiveness of these programmes could be enhanced by coordinated planning among different departments and more effective use and targeting of limited resources.

30. This programme component will contribute to ongoing efforts by the Government to improve the efficiency and utilization of budget allocations for children. The programme will support national authorities in conducting a comprehensive review of public expenditures on health, education, social protection and welfare. Existing policies and legislation that guide the development of national and local budgets will be assessed, as will the composition of public expenditures in the social sector at national and local levels. Improved data collection and information systems (such as *DevInfo*) will provide disaggregated data on the situation of most vulnerable groups of children and families in various parts of the country. This will help to better target those children and families that are presently not reached by basic services.

31. Support will be provided to develop indicators of minimum basic needs for each family to ensure an acceptable standard by which to identify families and children in greatest need. These indicators will be used to guide the development of local plans and allocation of resources.

32. The National Council for Children (NCC) and the Association of Mayors will develop a code and standards to delineate the role, functions and responsibilities of local governments on child protection, in collaboration with UNDP and the EC. The analysis of public expenditures for children will be carried out in partnership with the World Bank and UNDP.

Child rights monitoring

33. The SACP and the NCC were created to ensure intersectoral coordination in implementing programmes for fulfilment of children's rights and well-being. The current devolution of power and budget to local governments for the delivery of basic services has created organizational uncertainties that need to be addressed, along with the need for more active participation by civil society and communities.

34. This programme component will strengthen the NCC, which is comprised of deputy ministers from all concerned ministries, representatives of NGOs and children's and international organizations, in exercising its role in advancing the well-being of children. The NCC Secretariat will be able to develop intersectoral plans of action, monitor their implementation and scale up successful models. The capacity of the Ombudsman's Office will be also reinforced to review children's issues on a more systematic basis and provide clear and impartial guidance to all concerned parties. Public awareness of child rights will be also supported.

35. At subnational level, the programme will contribute to enhancing the capacities of local governments in strengthening planning of child protection, improving data collection systems and supporting the participation of civil society.

Local government officials in targeted regions will be able to develop local integrated plans focused on children. These models will be documented to support their replication in other regions. Knowledge and skills of the most vulnerable families on ECD and child protection will be enhanced. Collaboration will be developed with UNDP.

Children and young people's development and protection

36. A number of factors contribute to the vulnerability of children and young people. These include social exclusion, economic hardship, deteriorating quality of schools, low motivation of teachers and the exclusion of children with disabilities from regular schools.

37. This programme component will focus three interrelated interventions. The first will support the Government in carrying out an assessment of the condition of primary schools. The objective is to identify the priority issues that have to be addressed in order to make learning in schools more efficient and relevant, thus reducing the dropout rate.

38. The second intervention will contribute to strengthening the life-skills component within the existing school curricula and through non-formal education. The themes will be broadened to include subjects such as children's rights, protection against HIV/AIDS and substance abuse, combating prejudice and discrimination, conflict resolution and consensus-building. Interactive learning methods that encourage discussion, negotiation and problem solving will be supported.

39. Lastly, mechanisms will be developed for the participation of young people, especially from vulnerable communities, in planning of services and monitoring implementation of child rights in their communities. Strong alliances with UNAIDS, UNDP and UNFPA as well as youth NGOs will be further developed in order to reach the maximum coverage of programmes.

40. **Cross-sectoral costs** will cover operating costs, including utilities and rent, communication and related staff costs.

Major partnerships

41. The major government partners are the Ministries of Foreign Affairs, Finance, Interior, Justice, Education, Health, and Labour and Social Policy; the NCC and its Secretariat; the Ombudsman's Office; the SACP; and the Association of Municipalities. Enhanced partnerships will be developed with civil society, international and national NGOs and children's representatives.

42. UNICEF will pursue opportunities to strengthen joint programming with United Nations partners, especially UNAIDS, UNDP, UNFPA and WHO in the area of prevention of HIV/AIDS and improving decentralized planning and local management of social services.

43. Close collaboration will be pursued with the EC on the coordination and monitoring of compliance with the Convention on the Rights of the Child. The EC

and the World Bank will be consulted for the comprehensive review of public expenditures for the social sector.

Monitoring, evaluation and programme management

44. UNICEF will cooperate with partner agencies in establishing information systems such as *DevInfo* for monitoring progress on child rights and quality of life indicators.

45. The programme will be monitored through annual reviews of progress against an annual plan and a midterm review to be held in 2008, using results-based methodologies. This will be based on the annual and the four-year integrated monitoring and evaluation plan. The programme will be evaluated according to the expected outcomes as described in the country programme's results matrix.

46. A number of key indicators will be developed to jointly monitor with Government counterparts the programme's progress. The following is a list of suggested indicators: (a) rates of public expenditure on social protection, health and education focused on children; (b) the availability of mechanisms at national and local levels for NGO participation (including youth NGOs) in planning, implementing and evaluating programmes; (c) the number of children referred by social protection services to alternatives to institutionalization; (d) the level of knowledge and skills of young people on preventing risky behaviours; (e) the education dropout rate; and (f) the number of children involved in school governance mechanisms.

47. The SACP and the Ministry of Foreign Affairs will have overall responsibility for coordination of the country programme.